

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

BMOh/CSLB(b) Address (number and street) ☐ check if different than previously reported

1131 BELL

9

(c) City, State and ZIP Code

SACRAMENTO

CA

95825

(d) Name of Employer or Principal Place of Business

frn 0025700022

(e) Occupation

Treasurer

2. FEC Identification Number**C** C30002489**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2016

through

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2016**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2016**(b) Communication Title** EAG**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Marie DAVIS

(b) Address (number and street)

1131 BELL

(c) City, State and ZIP Code

Sacramento

CA

95825

(d) Name of Employer or Principal Place of Business

Fcc

(e) Occupation

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 65.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

MARIE Elizabeth DAVIS

SIGNATURE

MARIE Elizabeth DAVIS

[Electronically Filed]

DATE

07/31/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.